



House of Representatives

General Assembly

File No. 8

January Session, 2005

Substitute House Bill No. 5169

House of Representatives, March 3, 2005

The Committee on Public Health reported through REP. SAYERS of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING QUALITY OF CARE IN CHRONIC DISEASE HOSPITALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-253 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2005*):

3 [The Department of Public Health shall admit to chronic disease
4 hospitals only patients with chronic illness and shall give preference to
5 patients receiving public assistance from the state or any political
6 subdivision thereof.] On and after October 1, 2005, no patient shall be
7 admitted to a chronic disease hospital, unless the medical director of
8 the hospital determines that the hospital and its medical staff are
9 capable of providing adequate care and treatment to the patient,
10 consistent with the hospital's by-laws. In making such determination,
11 the medical director shall have access to the patient's medical records
12 and may examine the patient.

13 Sec. 2. Section 19a-6 of the general statutes is repealed and the
14 following is substituted in lieu thereof (*Effective October 1, 2005*):

15 (a) The commissioner shall be responsible for planning state-wide
16 programs for the control and treatment of lung diseases; the treatment
17 of persons affected with other chronic illness, and the medical
18 rehabilitation of chronically ill, physically disabled and handicapped
19 persons. The commissioner shall [provide and maintain facilities and
20 personnel for the diagnosis or detection and treatment of such diseases
21 or] enter into contracts for the provision of diagnostic and treatment
22 programs for such diseases with persons or organizations capable in
23 [his] the commissioner's judgment of providing such services.

24 (b) The commissioner shall be responsible for the administration of
25 the department's programs as they relate to lung disease, other chronic
26 illness and medical rehabilitation. [He shall be responsible for the
27 administration and operation of the chronic disease hospitals of the
28 Department of Public Health. As used in this chapter, "chronic illness"
29 means conditions which require prolonged definitive hospital or
30 restorative care as distinguished from diseases or conditions which
31 may be properly cared for in convalescent, custodial or domiciliary
32 facilities; "chronic disease hospital" means a hospital operated by the
33 Department of Public Health; and "medical rehabilitation" means
34 specific medical therapies directed toward the reduction of the effect of
35 disability resulting from a chronic disease.]

| | | |
|---|------------------------|---------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | <i>October 1, 2005</i> | 19a-253 |
| Sec. 2 | <i>October 1, 2005</i> | 19a-6 |

PH Joint Favorable Subst.

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note**State Impact:**

| Agency Affected | Fund-Effect |
|---------------------------------|-------------|
| Department of Public Health | GF - None |
| Department of Veterans' Affairs | GF - None |

Note: GF=General Fund

Municipal Impact: None

Explanation

No fiscal impact will result from requiring medical directors of chronic disease hospitals to make admittance determinations.

Repealing obsolete references to Department of Public Health-operated chronic disease hospitals also results in no fiscal impact.

OLR Bill Analysis

sHB 5169

AN ACT CONCERNING QUALITY OF CARE IN CHRONIC DISEASE HOSPITALS**SUMMARY:**

This bill requires the medical director of a chronic disease hospital to determine that the hospital and its staff are capable of adequately caring for and treating prospective patients, consistent with the hospital's by-laws, before they can be admitted. The director may examine patients and must have access to their records before making these determinations. The law defines a chronic disease hospital as a long-term hospital that has facilities, medical staff, and all necessary personnel to diagnose, care, and treat chronic diseases.

The bill also eliminates obsolete language concerning the Department of Public Health directly operating chronic disease hospitals. The department formerly operated such hospitals in Newington, Norwich, and Shelton, the last of which was closed in 1995. Under the bill, the commissioner remains responsible for planning and contracting for statewide chronic disease control and treatment programs.

EFFECTIVE DATE: October 1, 2005

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 23 Nay 0